

**Fill in this information to identify the case:**

Debtor name **Colinear Machine & Design Holdings LLC**

United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number (if known) **25-10813 (VFP)**

☐ Check if this is an amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☒ Amended Schedule **E/F**
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **February 25, 2025**

**X /s/ Mark Heston**

Signature of individual signing on behalf of debtor

**Mark Heston**

Printed name

**President**

Position or relationship to debtor

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Official Form 206Sum  
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. <b>Real property:</b> Copy line 88 from <i>Schedule A/B</i> .....	\$	<b>0.00</b>
1b. <b>Total personal property:</b> Copy line 91A from <i>Schedule A/B</i> .....	\$	<b>5,920,097.75</b>
1c. <b>Total of all property:</b> Copy line 92 from <i>Schedule A/B</i> .....	\$	<b>5,920,097.75</b>

Part 2: Summary of Liabilities

2. <b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i> .....	\$	<b>3,216,046.36</b>
3. <b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)		
3a. <b>Total claim amounts of priority unsecured claims:</b> Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> .....	\$	<b>0.00</b>
3b. <b>Total amount of claims of nonpriority amount of unsecured claims:</b> Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i> .....	+\$	<b>2,612,196.73</b>
4. <b>Total liabilities</b> ..... Lines 2 + 3a + 3b	\$	<b>5,828,243.09</b>

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Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

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Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address <b>Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346</b>	<b>\$0.00</b>	<b>\$0.00</b>
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred		
	Basis for the claim: <b>For Notice Purposes</b>		
	Last 4 digits of account number		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		
2.2	Priority creditor's name and mailing address <b>New Jersey Dept. of Labor Workforce Dev. Div. of Unemployment &amp; Disability Ins. Bankruptcy Unit PO Box 951 Trenton, NJ 08611-0951</b>	<b>\$0.00</b>	<b>\$0.00</b>
	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred		
	Basis for the claim: <b>For Notice Purposes</b>		
	Last 4 digits of account number		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		

Debtor	<b>Colinear Machine &amp; Design Holdings LLC</b>	Case number (if known)	<b>25-10813 (VFP)</b>
<small>Name</small>			

  

2.3	Priority creditor's name and mailing address <b>New Jersey Division of Taxation                  Compliance/Enforcement -                  Bankruptcy Unit                  3 John Fitch Way, 5th Fl.                  Trenton, NJ 08695-0245</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$0.00</b>	<b>\$0.00</b>
Date or dates debt was incurred <hr/>		Basis for the claim: <b>For Notice Purposes</b>		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.4	Priority creditor's name and mailing address <b>NJ Dept. of Labor - Div. Employer                  Accts.                  1 John Fitch Plaza                  PO Box 379                  Trenton, NJ 08611-0379</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$0.00</b>	<b>\$0.00</b>
Date or dates debt was incurred <hr/>		Basis for the claim: <hr/>		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim
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3.1	Nonpriority creditor's name and mailing address <b>A&amp;M Industrial Inc.                  37 West Cherry Street                  PO Box 1044                  Rahway, NJ 07065</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$89,568.91</b>
Date(s) debt was incurred <u>          </u>		Basis for the claim: <u>          </u>	
Last 4 digits of account number <u>          </u>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

3.2	Nonpriority creditor's name and mailing address <b>Admiral Metals                  11 Forbes Road                  Woburn, MA 01801</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,425.90</b>
Date(s) debt was incurred <u>          </u>		Basis for the claim: <u>          </u>	
Last 4 digits of account number <u>          </u>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

  

3.3	Nonpriority creditor's name and mailing address <b>Advanced Coating Techniques                  313 Wyandanch Avenue                  North Babylon, NY 11704</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$7,680.50</b>
Date(s) debt was incurred <u>          </u>		Basis for the claim: <u>          </u>	
Last 4 digits of account number <u>          </u>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	<b>Colinear Machine &amp; Design Holdings LLC</b>	Case number (if known)	<b>25-10813 (VFP)</b>
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3.4	Nonpriority creditor's name and mailing address <b>Aero Engineering</b> <b>206 Thiebes Road</b> <b>Labadie, MO 63005</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,875.00</b>
3.5	Nonpriority creditor's name and mailing address <b>Aerospace Testing Lab Inc.</b> <b>32 S. Satellite Road</b> <b>South Windsor, CT 06074</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,126.50</b>
3.6	Nonpriority creditor's name and mailing address <b>Aerotech Processing</b> <b>57 Wood Street</b> <b>Paterson, NJ 07524</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,339.02</b>
3.7	Nonpriority creditor's name and mailing address <b>All World Machinery Supply</b> <b>616 All World Way</b> <b>Roscoe, IL 61073</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,453.45</b>
3.8	Nonpriority creditor's name and mailing address <b>Allendale Machinery Systems</b> <b>16 Park Way</b> <b>Saddle River, NJ 07458</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,975.90</b>
3.9	Nonpriority creditor's name and mailing address <b>Alloy Metals Company</b> <b>3400 E. 69th Street</b> <b>Long Beach, CA 90805</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,390.00</b>
3.10	Nonpriority creditor's name and mailing address <b>Alro Steel Corporation</b> <b>3100 E. High Street</b> <b>Jackson, MI 49203</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,905.84</b>

Debtor	<b>Colinear Machine &amp; Design Holdings LLC</b> <small>Name</small>	Case number (if known)	<b>25-10813 (VFP)</b>
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3.11	<b>Nonpriority creditor's name and mailing address</b> <b>Aluminum Precision Products Inc.</b> <b>3333 W. Warner Avenue</b> <b>Santa Ana, CA 92704</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$51,637.87</b>
3.12	<b>Nonpriority creditor's name and mailing address</b> <b>American Express</b> <b>PO Box 981535</b> <b>El Paso, TX 79998</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Credit card</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$46,236.54</b>
3.13	<b>Nonpriority creditor's name and mailing address</b> <b>American Precision Hydraulics</b> <b>5601 Research Drive</b> <b>Huntington Beach, CA 92649</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,385.00</b>
3.14	<b>Nonpriority creditor's name and mailing address</b> <b>Anaplex Metal Processing</b> <b>15547 Garfield Avenue</b> <b>Paramount, CA 90723</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$593.75</b>
3.15	<b>Nonpriority creditor's name and mailing address</b> <b>Aviva Metals Inc.</b> <b>2929 West 12th Street</b> <b>Houston, TX 77008</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,866.00</b>
3.16	<b>Nonpriority creditor's name and mailing address</b> <b>Basic Benefits</b> <b>PO Box 88137</b> <b>Milwaukee, WI 53288-0001</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$591.08</b>
3.17	<b>Nonpriority creditor's name and mailing address</b> <b>Beck, David</b> <b>2 Emery Avenue</b> <b>Randolph, NJ 07869</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$52,052.78</b>

Debtor	<b>Colinear Machine &amp; Design Holdings LLC</b> <small>Name</small>	Case number (if known)	<b>25-10813 (VFP)</b>
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3.18	<b>Nonpriority creditor's name and mailing address</b> <b>Bruner Heating</b> <b>135 Monroe Trail</b> <b>Hopatcong, NJ 07843</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,493.04</b>
3.19	<b>Nonpriority creditor's name and mailing address</b> <b>Burton Industries Inc.</b> <b>243 Wyandanch Avenue</b> <b>West Babylon, NY 11704</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$38,399.77</b>
3.20	<b>Nonpriority creditor's name and mailing address</b> <b>Busy B's Landscaping LLC</b> <b>127 Overlook Road</b> <b>Newton, NJ 07860</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,881.75</b>
3.21	<b>Nonpriority creditor's name and mailing address</b> <b>C3 Integrated Solutions</b> <b>3033 Wilson B.vd., Ste. 700</b> <b>Arlington, VA 22201</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$512.59</b>
3.22	<b>Nonpriority creditor's name and mailing address</b> <b>Cametoid Technologies</b> <b>45 S. Satellite Road</b> <b>South Windsor, CT 06074</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,103.60</b>
3.23	<b>Nonpriority creditor's name and mailing address</b> <b>Cintas Corporation</b> <b>410 Clermont Terrace</b> <b>Union, NJ 07083</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,676.84</b>
3.24	<b>Nonpriority creditor's name and mailing address</b> <b>Comairco</b> <b>3910 Park Avenue, #4</b> <b>Edison, NJ 08820</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,287.25</b>

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3.25	Nonpriority creditor's name and mailing address <b>Concise Manufacturing Inc.</b> <b>630 Corporate Circle</b> <b>Salisbury, NC 28147</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,330.46</b>
3.26	Nonpriority creditor's name and mailing address <b>Continental Forge</b> <b>412 East El Segundo Blvd.</b> <b>Compton, CA 90222</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,361.80</b>
3.27	Nonpriority creditor's name and mailing address <b>Cool Tower LLC</b> <b>253 Oak Ridge Road</b> <b>Oak Ridge, NJ 07438</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>Rent \$27,533.72</b> <b>Taxes \$8,601.20</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$36,134.92</b>
3.28	Nonpriority creditor's name and mailing address <b>Creative Safety Supply</b> <b>8030 SW Nimbus Avenue</b> <b>Beaverton, OR 97008</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$636.88</b>
3.29	Nonpriority creditor's name and mailing address <b>Dauson Container corp.</b> <b>22 Lasinski Road</b> <b>Franklin, NJ 07416</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$135.00</b>
3.30	Nonpriority creditor's name and mailing address <b>Davron, LLC</b> <b>c/o Adams Evens &amp; Ross NC, LLC</b> <b>3760 Sixes Road, Ste. 126</b> <b>Canton, GA 30114</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,241.59</b>
3.31	Nonpriority creditor's name and mailing address <b>DigiKey</b> <b>701 Brooks Ave., S</b> <b>PO Box 677</b> <b>Thief River Falls, MN 56701-0677</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$24,469.77</b>



Debtor	<b>Colinear Machine &amp; Design Holdings LLC</b> <small>Name</small>	Case number (if known)	<b>25-10813 (VFP)</b>
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3.32	<b>Nonpriority creditor's name and mailing address</b> <b>Domino Amjet, Inc.</b> <b>1290 Lakeside Drive</b> <b>Gurnee, IL 60031</b>  Date(s) debt was incurred: <u>          </u> Last 4 digits of account number: <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>          </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,010.85</b>
3.33	<b>Nonpriority creditor's name and mailing address</b> <b>Drilling Dynamics</b> <b>336 Boston Post Road</b> <b>Milford, CT 06460</b>  Date(s) debt was incurred: <u>          </u> Last 4 digits of account number: <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>          </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,240.00</b>
3.34	<b>Nonpriority creditor's name and mailing address</b> <b>Element Materials Technology</b> <b>6840 Lake Abram Drive</b> <b>Middleburg Heights, OH 44130</b>  Date(s) debt was incurred: <u>          </u> Last 4 digits of account number: <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>          </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,761.25</b>
3.35	<b>Nonpriority creditor's name and mailing address</b> <b>Embee Processing LLC</b> <b>2158 South Hathaway Street</b> <b>Santa Ana, CA 92705</b>  Date(s) debt was incurred: <u>          </u> Last 4 digits of account number: <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>          </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$149,027.53</b>
3.36	<b>Nonpriority creditor's name and mailing address</b> <b>Frederick Fox LLC</b> <b>2405 Quantum Blvd.</b> <b>Boynton Beach, FL 33426</b>  Date(s) debt was incurred: <u>          </u> Last 4 digits of account number: <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>          </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$33,750.00</b>
3.37	<b>Nonpriority creditor's name and mailing address</b> <b>Globe Grinding Corp.</b> <b>1365 Akron Street</b> <b>Copiapue, NY 11726</b>  Date(s) debt was incurred: <u>          </u> Last 4 digits of account number: <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>          </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$59,384.00</b>
3.38	<b>Nonpriority creditor's name and mailing address</b> <b>Hadco Metal Trading Co.</b> <b>120 Spagnoli Road, Ste. 1</b> <b>Melville, NY 11747</b>  Date(s) debt was incurred: <u>          </u> Last 4 digits of account number: <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>          </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$72,136.77</b>

Debtor	<b>Colinear Machine &amp; Design Holdings LLC</b> <small>Name</small>	Case number (if known)	<b>25-10813 (VFP)</b>
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3.39	<b>Nonpriority creditor's name and mailing address</b> <b>Hadco Metal Trading Co. LLC</b> <b>120 Spagnoli Road, Ste. 1</b> <b>Melville, NY 11747</b>  Date(s) debt was incurred: <u>          </u> Last 4 digits of account number: <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>          </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$72,136.77</b>
3.40	<b>Nonpriority creditor's name and mailing address</b> <b>Heston, Mark</b> <b>18 Benham Way</b> <b>Sparta, NJ 07871</b>  Date(s) debt was incurred: <u>          </u> Last 4 digits of account number: <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>          </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,824.67</b>
3.41	<b>Nonpriority creditor's name and mailing address</b> <b>Hexagon Metrology</b> <b>250 circuit Drive</b> <b>North Kingstown, RI 02852</b>  Date(s) debt was incurred: <u>          </u> Last 4 digits of account number: <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>          </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$21,174.00</b>
3.42	<b>Nonpriority creditor's name and mailing address</b> <b>Hopatcong Rigging</b> <b>14 Gail Court</b> <b>Sparta, NJ 07871</b>  Date(s) debt was incurred: <u>          </u> Last 4 digits of account number: <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>          </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,375.00</b>
3.43	<b>Nonpriority creditor's name and mailing address</b> <b>Hunter Hone Inc.</b> <b>55B Remington Blvd.</b> <b>Ronkonkoma, NY 11779</b>  Date(s) debt was incurred: <u>          </u> Last 4 digits of account number: <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>          </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,380.00</b>
3.44	<b>Nonpriority creditor's name and mailing address</b> <b>Jamaica Bearings Co., Inc.</b> <b>1700 Jericho Turnpike</b> <b>New Hyde Park, NY 11040-4738</b>  Date(s) debt was incurred: <u>          </u> Last 4 digits of account number: <u>4350</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>          </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,603.00</b>
3.45	<b>Nonpriority creditor's name and mailing address</b> <b>JCP&amp;L</b> <b>101 Crawford's Corner</b> <b>Bldg. 1, Ste. 1-511</b> <b>Holmdel, NJ 07733</b>  Date(s) debt was incurred: <u>          </u> Last 4 digits of account number: <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Utilities</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,328.18</b>

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3.46	<b>Nonpriority creditor's name and mailing address</b> <b>KBDickson LLC</b> <b>9365 SW Buckskin Terrace</b> <b>Beaverton, OR 97008</b>  Date(s) debt was incurred: <u>          </u> Last 4 digits of account number: <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>          </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$47,216.69</b>
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3.47	<b>Nonpriority creditor's name and mailing address</b> <b>KLX Inc.</b> <b>10000 NW 15th Terrace</b> <b>Miami, FL 33174</b>  Date(s) debt was incurred: <u>          </u> Last 4 digits of account number: <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>          </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,664.44</b>
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3.48	<b>Nonpriority creditor's name and mailing address</b> <b>KS&amp;C Industries, LLP</b> <b>2750 S. Hanley Road</b> <b>Saint Louis, MO 63143</b>  Date(s) debt was incurred: <u>          </u> Last 4 digits of account number: <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>          </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,520.00</b>
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3.49	<b>Nonpriority creditor's name and mailing address</b> <b>Lee Company (The)</b> <b>2 Pettipaug Road</b> <b>Westbrook, CT 06498</b>  Date(s) debt was incurred: <u>          </u> Last 4 digits of account number: <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>          </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,774.00</b>
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3.50	<b>Nonpriority creditor's name and mailing address</b> <b>Loeffel's Waste Oil Service</b> <b>43 Layton Lane</b> <b>Sparta, NJ 07871</b>  Date(s) debt was incurred: <u>          </u> Last 4 digits of account number: <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>          </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,422.50</b>
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3.51	<b>Nonpriority creditor's name and mailing address</b> <b>Lumen</b> <b>c/o Frank Frank Goldstein &amp; Nager PC</b> <b>330 West 38th Street, Ste. 701</b> <b>New York, NY 10018</b>  Date(s) debt was incurred: <u>          </u> Last 4 digits of account number: <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>          </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,136.37</b>
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3.52	<b>Nonpriority creditor's name and mailing address</b> <b>Magnetic Inspection Laboratory, Inc.</b> <b>1401 Greenleaf Avenue</b> <b>Elk Grove Village, IL 60007</b>  Date(s) debt was incurred: <u>          </u> Last 4 digits of account number: <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>          </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,121.80</b>
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Debtor	<b>Colinear Machine &amp; Design Holdings LLC</b>	Case number (if known)	<b>25-10813 (VFP)</b>
Name			
3.53	Nonpriority creditor's name and mailing address <b>McElhone, Patrick</b> <b>100 W. Houston Street, #6</b> <b>New York, NY 10012</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$104,105.57</b>
3.54	Nonpriority creditor's name and mailing address <b>McMaster Carr</b> <b>200 New Canton Way</b> <b>Robbinsville Twp., NJ 08691</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,828.45</b>
3.55	Nonpriority creditor's name and mailing address <b>Mercury Broach Co.</b> <b>2546 Seaman Avenue</b> <b>South El Monte, CA 91733</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$17,003.25</b>
3.56	Nonpriority creditor's name and mailing address <b>Metal Finishing Co.</b> <b>1423 S. McClean Blvd.</b> <b>Wichita, KS 67213</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,137.32</b>
3.57	Nonpriority creditor's name and mailing address <b>Metals Eng. &amp; Testing Labs</b> <b>2040 W. Quail Avenue</b> <b>Phoenix, AZ 85027</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$175.00</b>
3.58	Nonpriority creditor's name and mailing address <b>MSC Industrial Supply Co.</b> <b>515 Broadhollow Road, Ste. 1000</b> <b>Melville, NY 11747</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$33,756.07</b>
3.59	Nonpriority creditor's name and mailing address <b>Nitrex</b> <b>350 Blue Chip Court</b> <b>Franklin, IN 46131</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,048.00</b>

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Name			
3.60	Nonpriority creditor's name and mailing address <b>Paracode CNC Solutions</b> <b>103 Majestic Oaks Drive</b> <b>Broussard, LA 70518</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,464.00</b>
3.61	Nonpriority creditor's name and mailing address <b>Pennsylvania Steel Company Inc.</b> <b>1717 Woodhaven Drive</b> <b>PO Box 40</b> <b>Bensalem, PA 19020</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$27,450.05</b>
3.62	Nonpriority creditor's name and mailing address <b>Performance Titanium Group</b> <b>8400 Miramar Road, Ste. 200-248C</b> <b>San Diego, CA 92126</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,370.90</b>
3.63	Nonpriority creditor's name and mailing address <b>Phoenix Heat Treating</b> <b>2405 West Mohave Street</b> <b>Phoenix, AZ 85009</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,687.72</b>
3.64	Nonpriority creditor's name and mailing address <b>Planet Networks</b> <b>4 Park Place</b> <b>Newton, NJ 07860</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,972.14</b>
3.65	Nonpriority creditor's name and mailing address <b>Precision Aircraft Group Inc.</b> <b>797 North Avenue</b> <b>Vista, CA 92083</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,504.25</b>
3.66	Nonpriority creditor's name and mailing address <b>R. Poust, Inc.</b> <b>27 Wilson Drive</b> <b>Sparta, NJ 07871</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,272.47</b>

Debtor	<b>Colinear Machine &amp; Design Holdings LLC</b> <small>Name</small>	Case number (if known)	<b>25-10813 (VFP)</b>
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3.67	<b>Nonpriority creditor's name and mailing address</b> <b>Saad, Ramy</b> <b>2 Old Farm Lane</b> <b>Old Greenwich, CT 06870</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$104,105.57</b>
3.68	<b>Nonpriority creditor's name and mailing address</b> <b>Safety-Kleen, Inc.</b> <b>42 Longwater Drive</b> <b>Norwell, MA 02061</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,065.11</b>
3.69	<b>Nonpriority creditor's name and mailing address</b> <b>Samuel, Son &amp; Co. (USA) Inc.</b> <b>1700 Ridgely Street</b> <b>Baltimore, MD 21230</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,197.70</b>
3.70	<b>Nonpriority creditor's name and mailing address</b> <b>Service Steel Aerospace Corp.</b> <b>827 Marshall Phelps Road</b> <b>Windsor, CT 06095</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$33,917.90</b>
3.71	<b>Nonpriority creditor's name and mailing address</b> <b>Seward &amp; Monde</b> <b>296 State Street</b> <b>North Haven, CT 06473-9987</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,685.00</b>
3.72	<b>Nonpriority creditor's name and mailing address</b> <b>Sigma Aerospace Metals</b> <b>147 Industrial Parkway, Ste. 104</b> <b>Pottstown, PA 19464</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,056.00</b>
3.73	<b>Nonpriority creditor's name and mailing address</b> <b>Stapleton Group (The)</b> <b>6825 Silver Pond Heights, Ste. 106</b> <b>Colorado Springs, CO 80908</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,076.22</b>

Debtor	<b>Colinear Machine &amp; Design Holdings LLC</b> <small>Name</small>	Case number (if known)	<b>25-10813 (VFP)</b>
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3.74	<b>Nonpriority creditor's name and mailing address</b> <b>Stuart Mills</b> <b>25 Stillwater Road</b> <b>Newton, NJ 07860</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,270.00</b>
3.75	<b>Nonpriority creditor's name and mailing address</b> <b>Sunbelt Design Holdings LLC</b> <b>730 Perez Street</b> <b>San Antonio, TX 78207</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$297,169.28</b>
3.76	<b>Nonpriority creditor's name and mailing address</b> <b>Sunshine Metals</b> <b>3941 South Norman</b> <b>Wichita, KS 67215</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$395.82</b>
3.77	<b>Nonpriority creditor's name and mailing address</b> <b>Superior Plus Propane</b> <b>255 Oak Ridge Road</b> <b>Oak Ridge, NJ 07438</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Utilities</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,397.81</b>
3.78	<b>Nonpriority creditor's name and mailing address</b> <b>Superior Thread Rolling Co.</b> <b>12801 Wentworth Street</b> <b>Arleta, CA 91331</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$893.28</b>
3.79	<b>Nonpriority creditor's name and mailing address</b> <b>Swiatkiewicz, Stephen</b> <b>39 Fifth Avenue, 10AB</b> <b>New York, NY 10003</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$260,263.92</b>
3.80	<b>Nonpriority creditor's name and mailing address</b> <b>Taft Stettinius &amp; Hollister LLP</b> <b>425 Walnut Street, Ste. 1800</b> <b>Cincinnati, OH 45202</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$112,285.46</b>

Debtor	<b>Colinear Machine &amp; Design Holdings LLC</b>	Case number (if known)	<b>25-10813 (VFP)</b>
Name			
3.81	Nonpriority creditor's name and mailing address <b>Tecknickrome Aeronautique</b> <b>12264 Rue April</b> <b>Montreal, QC H1B 5N5</b> <b>CANADA</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,732.44</b>
3.82	Nonpriority creditor's name and mailing address <b>Titanium Finishing Company</b> <b>PO Box 22</b> <b>East Greenville, PA 18041</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$961.80</b>
3.83	Nonpriority creditor's name and mailing address <b>Titanium Industries</b> <b>18 Green Pone Road</b> <b>Rockaway, NJ 07866</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$529.70</b>
3.84	Nonpriority creditor's name and mailing address <b>Tool Krib Supply</b> <b>787 Passaic Avenue</b> <b>West Caldwell, NJ 07007</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,993.71</b>
3.85	Nonpriority creditor's name and mailing address <b>Tri-Process Co. - Valence</b> <b>7718 Adams Street</b> <b>Paramount, CA 90723</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,750.00</b>
3.86	Nonpriority creditor's name and mailing address <b>Trimech Solutions</b> <b>4461 Cox Road, Ste. 302</b> <b>Glen Allen, VA 23060</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,107.04</b>
3.87	Nonpriority creditor's name and mailing address <b>TUV SUD America Inc.</b> <b>PO Box 22189</b> <b>New York, NY 10087-2189</b>  Date(s) debt was incurred ____ Last 4 digits of account number <b>1260</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,688.44</b>



Debtor	<b>Colinear Machine &amp; Design Holdings LLC</b> <small>Name</small>	Case number (if known)	<b>25-10813 (VFP)</b>
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3.88	<b>Nonpriority creditor's name and mailing address</b> <b>TW Metals</b> <b>27 Englehard Drive</b> <b>Monroe Township, NJ 08831</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,252.98</b>
3.89	<b>Nonpriority creditor's name and mailing address</b> <b>Uline</b> <b>2575 Uline Drive</b> <b>Pleasant Prairie, WI 53158</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,081.26</b>
3.90	<b>Nonpriority creditor's name and mailing address</b> <b>United Service Company</b> <b>43 Cody Street</b> <b>West Hartford, CT 06110</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,685.00</b>
3.91	<b>Nonpriority creditor's name and mailing address</b> <b>Universal Metals Company</b> <b>1020 Railroad Street</b> <b>Corona, CA 92882</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$974.40</b>
3.92	<b>Nonpriority creditor's name and mailing address</b> <b>UPS</b> <b>55 Glenlake Parkway, NE</b> <b>Atlanta, GA 30328</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,661.54</b>
3.93	<b>Nonpriority creditor's name and mailing address</b> <b>Victoria Aerospace Holdings LLC</b> <b>7 Wilson Drive</b> <b>Springfield, NJ 07081</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$173,527.39</b>
3.94	<b>Nonpriority creditor's name and mailing address</b> <b>Walsh Pizzi O'Reilly Falanga LLP</b> <b>Attn: Stephen V. Falanga, Esq.</b> <b>Three Gateway Center</b> <b>100 Mulberry Street, 15th Fl.</b> <b>Newark, NJ 07102</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Services</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$56,887.36</b>

Debtor	<b>Colinear Machine &amp; Design Holdings LLC</b> <small>Name</small>	Case number (if known)	<b>25-10813 (VFP)</b>
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3.95	<b>Nonpriority creditor's name and mailing address</b> <b>Wayne Tool &amp; Supply Co., Inc.</b> <b>279-283 Laurel Avenue</b> <b>PO Box 498</b> <b>Kearny, NJ 07032</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$45,357.47</b>
3.96	<b>Nonpriority creditor's name and mailing address</b> <b>Wencor LLC</b> <b>3577 S. Mountain Vista Parkway</b> <b>Provo, UT 84606</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$75,620.00</b>
3.97	<b>Nonpriority creditor's name and mailing address</b> <b>Westfield Electroplating Co.</b> <b>68 N. Elmstreet</b> <b>Westfield, MA 01085</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,972.00</b>
3.98	<b>Nonpriority creditor's name and mailing address</b> <b>Willrich Precision</b> <b>80 Broadway</b> <b>Cresskill, NJ 07626</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,173.16</b>
3.99	<b>Nonpriority creditor's name and mailing address</b> <b>Windmill Hill LLC</b> <b>17 Olmstead Court</b> <b>New Canaan, CT 06840</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,816.63</b>
3.100	<b>Nonpriority creditor's name and mailing address</b> <b>Yarde Metals Inc.</b> <b>45 Newell Street</b> <b>Southington, CT 06489</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$63,113.03</b>

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any

Debtor	Name	Case number (if known)	25-10813 (VFP)
	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<b>American Express</b> <b>World Financial Center</b> <b>200 Vesey Street</b> <b>New York, NY 10285</b>	Line <u>3.12</u>  <input type="checkbox"/> Not listed. Explain _____	—
4.2	<b>New Jersey Attorney General's Office</b> <b>Div. of Law; RJ Hughes Justice Complex</b> <b>25 Market Street</b> <b>PO Box 112</b> <b>Trenton, NJ 08625-0112</b>	Line <u>2.3</u>  <input type="checkbox"/> Not listed. Explain _____	—
4.3	<b>New Jersey Attorney General's Office</b> <b>Div. of Law; RJ Hughes Justice Complex</b> <b>25 Market Street</b> <b>PO Box 112</b> <b>Trenton, NJ 08625-0112</b>	Line <u>2.2</u>  <input type="checkbox"/> Not listed. Explain _____	—
4.4	<b>New Jersey Attorney General's Office</b> <b>Div. of Law; RJ Hughes Justice Complex</b> <b>25 Market Street</b> <b>PO Box 112</b> <b>Trenton, NJ 08625-0112</b>	Line <u>2.4</u>  <input type="checkbox"/> Not listed. Explain _____	—
4.5	<b>United States Attorney</b> <b>Peter Rodino Federal Building</b> <b>970 Broad Street, Ste. 700</b> <b>Newark, NJ 07102</b>	Line <u>2.1</u>  <input type="checkbox"/> Not listed. Explain _____	—
4.6	<b>United States Attorney General</b> <b>United States Department of Justice</b> <b>Ben Franklin Station</b> <b>PO Box 683</b> <b>Washington, DC 20044</b>	Line <u>2.1</u>  <input type="checkbox"/> Not listed. Explain _____	—

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 0.00
5b. +	\$ 2,612,196.73
5c.	\$ 2,612,196.73

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF NEW JERSEY

**Caption in Compliance with D.N.J. LBR 9004-1(b)**  
**McMANIMON, SCOTLAND & BAUMANN, LLC**  
**75 Livingston Avenue, Suite 201**  
**Roseland, NJ 07068**  
**(973) 622-1800**  
**Anthony Sodono, III (asodono@msbnj.com)**  
***Attorneys for Colinear Machine & Design Holdings***  
***LLC, Debtor/Debtor-in-Possession***

In Re:

**Colinear Machine & Design Holdings LLC,**

**Debtor.**

Case No.: 25-10813 (VFP)

Chapter: 11

Judge: Vincent F. Papalia

**AMENDMENT TO SCHEDULE D, E, F, G, H or LIST OF CREDITORS**

Please specify the list or schedule(s) to be amended:

- |   |  |
|---|--|
| <input type="checkbox"/> Schedule D - Creditors Holding Secured Claims            | <input type="checkbox"/> Schedule H - Codebtors                |
| <input type="checkbox"/> Schedule E - Creditors Holding Unsecured Priority Claims | <input checked="" type="checkbox"/> List of Creditors (Matrix) |
| <input type="checkbox"/> Schedule F - Creditors Holding Unsecured Claims          |  |
| <input type="checkbox"/> Schedule G - Executory Contracts and Unexpired Leases    |  |

**IMPORTANT:** Pursuant to D.N.J. LBR 1007-1, the mailing list must be updated when an amendment to Schedule D, E, F, G, or H is filed. Accordingly, there is a fee to amend any of the above schedules. There is no fee due if the nature of the amendment is to add or change the address of a previously listed creditor.

The list or schedule(s) indicated above, having been previously filed, is amended as follows:  
(List name and address of creditors being added, deleted or modified and indicate same; use separate sheet if necessary)

**See attached list.**

I certify under penalty of perjury that the above information is correct:

Date: February 25, 2025 Debtor's signature: /s/ Mark Heston

\* Schedules D, E, F, G or H and the List of Creditors may be amended simultaneously, thereby incurring only one \$31fee.

ADD

Jamaica Bearings Co., Inc.  
1700 Jericho Turnpike  
New Hyde Park, NY 11040-4738

TUV SUD America Inc.  
PO Box 22189  
New York, NY 10087-2189